

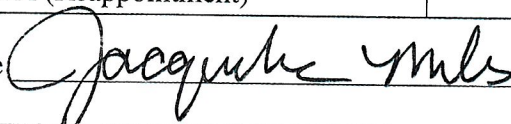
AREA COMMISSION APPOINTMENT FORM

The Department of Neighborhoods maintains the database for the Area Commission members in the City of Columbus. The information on this form is used to process the Mayor's appointment and ensure timely and accurate distribution of meeting notices, training opportunities, and other City activities. **Please complete all sections of the form with information about your recently elected/appointed commissioner within seven (7) days of the election/appointment. After completing and signing this form, please return it, along with the appointees resume and/or biography to your Neighborhood Liaison via email.** Please contact your Neighborhood Liaison with any questions or comments.

Please Type

Area Commission Name	Franklinton Area Commission	
Please check appropriate box	New appointment <input type="checkbox"/> Reappointment <input checked="" type="checkbox"/>	Are there changes to this information? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
First Name	Thomas	
Last Name	Hecker	
Title (i.e. officer / commissioner)	Commissioner	
Address	1359 E Fulton Street	
City	Columbus	
State	OH	
Zip Code	43205	
Home Telephone	614-314-1714	
Work Telephone	N/A	
Email Address	thecker.fac@gmail.com	
District/Designation	N/A	
Term Start Date	01/1/2024	
Term Expiration	12/31/ 2023 2026 RO	
Seat Succession	N/A (Reappointment)	

Area Commission Chair Signature



*****ALL SECTIONS OF THIS FORM MUST BE COMPLETED*****

DISCLAIMER: all information and materials that you submit in support of your appointment as an area commissioner are subject to Ohio Public Records Law